

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577627

FILING DATE

4/28/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9	3					
10	3					
11	3					
12	3					
13	3					
14	3					
15	3					
16						
17						
18						
19						
20	1					
21						
22					1	
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32						
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34						
35	1					
36	8					
37	8					
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41						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			9			
TOTAL DEP.			28			
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						